# Winchester Churches Nightshelter EMAIL REFERRAL & INITIAL RISK ASSESSMENT FORM (please complete all 4 pages)

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| **Application for : Title** **First Name(s):**  | **Male or Female:** **Surname:**  |
| **Name of Referral Agency:** Tel. No.  | **Name of Agency Staff Member:** Email:  |
| **D.O.B.** |  | **Age:** |  | **National Insurance (N.I.) No:** |  |
| Is he/she working? Yes [ ]  No [ ] If yes, where and working hours?  | **Applicant’s mobile phone number:**  |
| Does he/she smoke? Yes [ ]  No [ ]  | **Alternative contact number:** |
| Does he/she vape? Yes [ ]  No [ ]  | **Has the client been tested for COVID19?** Yes [ ]  No [ ] **If yes, when and what was the result?**  |
| **Does the client display any COVID19 symptoms?**  | **If yes, what are the symptoms?** |
| **What is the exit planned by you as referrer on the departure of the applicant from the Nightshelter?**  |
| Does he/she have any medical problems? Yes [ ]  No [ ]  Allergies: Yes [ ]  No [ ]  | If yes, details: If yes, details:  |
| Does he/she take prescribed medication? Yes [ ]  No [ ]  | If yes, details:  |
| If yes, is there a Psychiatrist, keyworker, social or support worker, or CPN involved? Yes [ ]  No [ ] Is there a care plan in place? Yes [ ]  No [ ]  | If yes, details:  |
| Name and surgery address of GP (if known): Name: Address of surgery: Postcode: Tel:  |
| Does he/she have any form of physical disability?  Yes [ ]  No [ ]   | If yes, details:  |
| Any background factors that might increase risk?Eg: HIV? Hepatitis? Or any blood related disorder? | If yes, details:  |
| Is he/she a care leaver?  | If yes, details: |
| Has he/she been excluded from any local agency recently?  | If yes, please note here and include more information in covering email reason, details & date of exclusion:  |
| Does he/she have TWO forms of ID?  | If yes, exact details:  |
| Is he/she claiming any form of benefits?Date last signed on was: The next date of benefit payment is:  |
| **Do they have any local connection to the Winchester area**? Yes [ ]  No [ ]  WCC Town Yes [ ]  or WCC District Yes [ ]  Connection to Hampshire: Yes [ ]  No [ ]  **How and Where is their local connection?**  |
| **Please indicate previous type of residence last night:** Address or area living: Town/city: Postcode: County:  Length of time in this area/address: If less than 12 months, where was the client before this:  |
| Is the applicant currently eligible for Housing Benefit? If no, why not:  |
| I have known the applicant for:  |
|  Main reason for this applicant being homeless?Please provide a history of housing for the last two years; where they lived, the dates and why they left |

**WCNS ADMITTANCE RISK ASSESSMENT FORM/2 - PLEASE COMPLETE ON REFERRAL**

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| --- | --- | --- | --- | --- |
| **1**. **Risk of harm to others - violence & abuse** | YES | **NO** | **NOTknown** | **Comments, triggers, more information****Please specify if ticked YES** |
| 1. Is current behaviour/demeanour threatening/abusive?
 |  |  |  |  |
| 1. Previous or past incidents of violence or physical aggression?
 |  |  |  |  |
| 1. Expressing intent to harm others?
 |  |  |  |  |
| 1. Evidence of intent to harm others eg keeps weapons?
 |  |  |  |  |
| 1. History of drug and or alcohol misuse?

 Methadone Script? If so where is it accessed? Currently engaging with substance misuse services. And if so where? |  |  |  |  |
| 1. Alcohol use? – daily? Weekly? binge?
 |  |  |  |  |
| 1. Illegal Drug use – daily? Weekly? binge?

More info please if yes |  |  |  | **NPS use Yes [ ]  No [ ]**  |
| 1. Custodial sentences or arrest for violent behaviour?
 |  |  |  |  |
| 1. Previous history of abusing others?
 |  |  |  |  |
| ***1. Risk is:*** | ***Significant/Volatile/ High Risk****Yes [ ]  No [ ]*  | ***Significant but Stable/Medium Risk******Yes [ ]  No [ ]***  | ***Low / Minimal Risk******Yes [ ]  No [ ]***  |
| **2. Risk of harm to others – sexual** | YES | **NO** | **NOTknown** | **Comments or triggers, more information****Please specify if ticked YES** |
| History of offending / sexually inappropriate behaviour?MARAC? |  | X |  |  |
| ***2. Risk is:*** | ***Significant/Volatile/ High Risk****Yes [ ]  No [ ]*  | ***Significant but Stable/Medium Risk******Yes [ ]  No [ ]***  | ***Low / Minimal Risk******Yes [ ]  No [ ]***  |
| **3**. **Risk of self harm or suicide** | YES | **NO** | **NOTknown** | **Comments or triggers, more information****Please specify if ticked YES** |
| a. Historical or current suicidal thoughts? |  |  |  |  |
| b. Current or past self-harming behaviour? |  |  |  |  |
| c. Recent significant life events? |  |  |  |  |
| ***3.*** ***Risk is:*** | ***Significant/Volatile/ High Risk****Yes [ ]  No [ ]*  | ***Significant but Stable/Medium Risk******Yes [ ]  No [ ]***  | ***Low / Minimal Risk******Yes [ ]  No [ ]***  |
| **4. Risk of self neglect/vulnerability to abuse** | YES | **NO** | **NOTknown** | **Comments or triggers, more information****Please specify if ticked YES** |
| 1. Any information regarding self-neglect
 |  |  |  |  |
| 1. Subject of current/ recent domestic violence?

Reported to Police? Yes [ ]  No[ ]  |  |  |  |  |
| 1. Learning difficulties/disabilities or inability to express needs?
 |  |  |  |  |
| 1. Poor engagement with statutory services/concern expressed by others? Please detail.
 |  |  |  |  |
| 1. Previously subjected to violence, harassment, abuse or threats from others? Please give more information
 |  |  |  |  |
| ***4. Risk is:*** | ***Significant/Volatile/ High Risk****Yes [ ]  No [ ]*  | ***Significant but Stable/Medium Risk******Yes [ ]  No [ ]***  | ***Low / Minimal Risk******Yes [ ]  No [ ]***  |
| **5. Risk of damage to property** | YES | **NO** | **NOTknown** | **Comments or triggers, more information** |
| 1. **History of arson & dates?**
 |  |  |  |  |
| 1. History of vandalism or significant damage to buildings?
 |  |  |  |  |
| ***5. Risk is:*** | ***Significant/Volatile/ High Risk****Yes [ ]  No [ ]*  | ***Significant but Stable/Medium Risk******Yes [ ]  No [ ]***  | ***Low / Minimal Risk******Yes [ ]  No [ ]***  |
| **6. Background Factors** | YES | **NO** | **NOTknown** | **Comments or triggers, more information****Please specify if ticked YES** |
| **History of offending?**1. Does he/she have a history of being admitted to a special hospital, secure unit or prison?
 |  |  |  |  |
| 1. Are they on licence/ bail/ probation or MAPPA?
 |  |  |  |  |
| 1. Anti-Social Behaviour Order or Acceptable Behaviour

Contract? |  |  |  |  |
| d. Current mental health issues? |  |  |  |  |
| e. Previous history of mental health issues? |  |  |  |  |
| **7. Summary of applicant’s own Perception of Risk:** |
| Any other relevant information:  |
| ***Risk is:*** | ***Significant/Volatile/ High Risk****Yes [ ]  No [ ]*  | ***Significant but Stable/Medium Risk******Yes [ ]  No [ ]***  | ***Low / Minimal Risk******Yes [ ]  No [ ]***  |
| **AGENCY INFORMATION please (Council only):**1. Has the applicant had a homelessness interview with you? Yes [ ]  No [ ]

Please detail advice given by your services at end of interview: |
| 1. Is the applicant eligible to seek assistance under immigration rules? Yes [ ]  No [ ]
2. Is the applicant considered to be intentionally homeless? Yes [ ]  No [ ]
3. Is the applicant in priority need as specified by referral agency Yes [ ]  No [ ]
4. Is the applicant currently under sanction from benefit payment of any kind? Yes [ ]  No [ ]
5. **If yes, Please give more information & length of period of sanction:**
 |
| 1. Has a specific vulnerability been established eg care leaver or victim of DV? Yes [ ]  No [ ]
2. MARAC ? / repeat DV? / criminal justice proceedings? / safeguarding?

(Please tick if appropriate or add more information in covering note)  |
| 1. Have they been referred to any other accommodation other than us? Yes [ ]  No [ ]
2. Please list schemes the applicant was referred to (and if refused the reason why):
3. If a PEIRS referral has been made to any other agency, please attach copy
4. Have they previously stayed with us at the Nightshelter? Yes [ ]  No [ ]
 |
| 1. Has the applicant registered with your local authority housing register? Yes [ ]  No [ ]
2. If they are registered with you, what banding are they in?
3. Please supply the HomeChoice bidding number:
4. Bidding on HomeChoice already Yes [ ]  No [ ]
5. **Referring agency regularly bidding on their behalf** Yes [ ]  No [ ]
 |

**Please check you have completed all sections of this referral paperwork and make the applicant aware of**

**the following procedures:**

* Applicants with no proven local connection to Hampshire will have a maximum stay of two weeks at the Nightshelter so please make them aware of this.
* **Agency note**: Please be aware that if referring an applicant from outside the Winchester area, (but with proven Hampshire connection) that applicants may be entitled to a **maximum stay of 8 weeks** at the Nightshelter. Within this time, we will expect your local authority to assist in sourcing accommodation for the client. Upon our acceptance of this applicant, it is a condition that your authority will accept back responsibility and care after this period of time as planned and agreed with the Nightshelter.

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| *D Privacy Notice - By agreeing to completion of this referral form you agree to the Nightshelter processing your*  *personal information in order to assess your housing needs and manage and develop any services we provide for*  *you or negotiate services on your behalf. Information will be kept secure and confidential, and will only be disclosed* *to those parties who have a legal and legitimate reason to know.*  *You have the right, under the prevailing Data Protection Legislation, to see and if necessary correct, personal data* *we hold about you.*I confirm that the information I have given is accurate and complete to the best of my knowledge. If it is later found that I have omitted or mis-stated important information then I am aware that my accommodation at the Nightshelter may be at risk. I agree to work with Nightshelter staff and attend appointments arranged in order to secure accommodation that is more appropriate. Further information can be obtained from our website [www.wcns.org.uk](http://www.wcns.org.uk)Any queries about computer access please discuss with your referrer.**Signed by applicant, or on behalf of applicant:** **PRINT NAME: DATE:** |

Has the applicant been advised of the information above, and have they agreed to accept a bed at the Nightshelter if offered one? **Yes**

This applicant has given their permission for you to gather and share this Information with us, and gives the Nightshelter permission to seek additional information from other agencies as considered necessary to ensure safety at the Nightshelter. **Yes**

 **SIGNED BY REFERRER Please print name: Please Initial: Date:**

Please be aware that an incomplete referral form or too little information will cause the *referral to be delayed*

*Don’t forget to forward any recent Care and Support plans with this document and return this paperwork by email to* *admin@wcns.org.uk* *-* If you have not received acknowledgement of your referral within 48 hours please do phone to ensure we have safely received your referral, and to find out the result of your application.

Please note that referrals need to be received by 1300hrs as the daily allocation of spare beds is made by 1400 hours daily.

We will acknowledge receipt of all referrals, and if we have any further questions over your referral, we will email questions back to you.

Please note that if we do not receive the requested information within 5 working days, we will assume that the client being referred no longer requires a bed space with us. Please do try and inform us asap if the client no longer requires a bed with us.

With thanks,

Winchester Churches Nightshelter
Tel. 01962 862050

admin@wcns.org.uk

PS. If your client is unsure about accepting a bed with us, then do encourage them to look at our website so they know what to expect when they arrive. [www.wcns.org.uk](http://www.wcns.org.uk)